

**CITY OF LEXINGTON**

**P.O. Box 922**

**300 East Washington Street**

**Lexington, Virginia 24450**

**[540] 462-3700; fax [540] 463-5310**

**BOARDS & COMMISSIONS APPLICATION**

**Name:** \_\_\_\_\_

**City Resident Since:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Board(s) of Interest:** \_\_\_\_\_

**Reason for Interest:** \_\_\_\_\_

**Background (education, work experience, etc.):** \_\_\_\_\_

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Date**

**Return to:**  
**City Manager's Office**  
**P.O. Box 922**  
**300 East Washington Street**  
**Lexington, Virginia 24450**